

Case Number:	CM14-0137974		
Date Assigned:	09/05/2014	Date of Injury:	11/07/2013
Decision Date:	09/26/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year-old male, who sustained an injury on November 7, 2013. The mechanism of injury occurred from a slip and fall. Pertinent diagnostics are not noted. Treatments have included: medications, physical therapy, home exercise. The current diagnoses are: lumbar strain, lumbar disc bulge with radiculopathy, right achilles strain rule out internal derangement. The stated purpose of the request for Referral to pain management for evaluation of epidural steroid injection for the Right L3-L4, was not noted. The request for Referral to pain management for evaluation of epidural steroid injection for the Right L3-L4, was modified for pain management referral only on August 14, 2014, citing a lack of documentation of: exhausting physical therapy, radicular findings on imaging study or physical exam. Per the report dated July 14, 2014, the treating physician noted complaints of right ankle pain. Exam findings included painful right ankle range of motion, decreased sensation to the lateral right thigh, reduced muscle strength to the right hip flexor.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Referral to pain management for evaluation of epidural steroid injection for the Right L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Referral to pain management for evaluation of epidural steroid injection for the Right L3-L4, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has right ankle pain. The treating physician has documented painful right ankle range of motion, decreased sensation to the lateral right thigh, reduced muscle strength to the right hip flexor. However, the treating physician has not documented radicular pain nor a positive straight leg raising test, nor confirmation of radiculopathy via imaging or electrodiagnostic studies. The criteria noted above not having been met, Referral to pain management for evaluation of epidural steroid injection for the Right L3-L4, is not medically necessary.